



COUNSELOR'S PROFESSIONAL DISCLOSURE STATEMENT AND CLIENT'S INFORMED CONSENT

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BACKGROUND OF CLINICIAN

EDUCATION AND CREDENTIALS

- MA, Marriage and Family Therapy, 2010 Liberty University
- NC LMFT, License # 1585

COUNSELING APPROACH

My approach to counseling integrates reliable therapeutic interventions. I partner with individuals, couples, and families to clarify their current issues identify personal problem solving abilities and then apply those toward resolving the identified issues. This effort may take the form of in-depth discussions, homework assignments, reading materials, and the like. Changes in life take time and effort, but with commitment to work through the process of transforming your thoughts, feelings, and behaviors, change can really happen.

I take an integrated approach to counseling by utilizing a Solution Focused Brief Therapy approach along with sound clinical insights to arrive at a comprehensive understanding of man's nature as well as healthy ways to respond to the world in which we live. My therapeutic approach utilizes Solution Focused and Cognitive-Behavioral therapies along with insight gained from family of origin experiences.

CLIENT POPULATIONS

Initially, I will agree to meet with a potential client regardless of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status or socio-economic status. I may decline meetings with a client if I feel, in my professional opinion, that I cannot help them or if they would be better served with the services of another professional. If a referral elsewhere is needed, I will provide information regarding services for the client's consideration.

CONFIDENTIALITY

I will protect the confidentiality of information received in our counseling relationship as specified by federal and state laws, written policies and ethical standards. For any of the following matters, legally and ethically, I may break confidentiality and involve others who can help:

- A. If mandated by a court of law
- B. If disclosure is required to prevent clear and imminent danger to yourself and/or others
- C. If I am made aware of potential or actual occurrence(s) of physical/sexual abuse of minors, persons with disabilities or senior citizens.

Even under these circumstances only essential information will be revealed and as much as possible you will be informed before confidentiality is broken. In the event the client is a minor, parents or legal guardians may be included in the counseling process as is appropriate, however measures will be taken to safeguard confidentiality, always acting in the best interest of the client.

I may converse with other counselors/therapists in peer consultation situations, without revealing your identity, to improve the quality of your treatment. If you choose to use insurance or managed care companies, I may be required to release confidential information in order for you to receive reimbursement. This information will be released to insurance with your prior written consent and may include diagnosis and treatment goals.

LENGTH OF SESSIONS

Counseling sessions are designed to last 45-50 minutes. It is possible to adjust the length of a session if necessary and should be agreed upon in advance. If, for any reason, you are unable to keep an appointment, you must contact our office to cancel or re-schedule at least 24 hours before the scheduled time. You may call and leave a message with the staff or on the voicemail system.

FEES/METHOD OF PAYMENT

The leadership of Corban Counseling determines the counseling fee structure. Clients may use their insurance if applicable. A receipt of full payment may be requested for submission to client’s insurance company for appropriate reimbursement. Counseling fees are accepted in the form of cash, check, debit or credit card and the fee is collected at the beginning of each counseling session. Checks are made payable to “Corban Counseling.” Please note that if your check is returned for insufficient funds, you will be responsible for the bank charges incurred by us.

The standard rate for a Licensed Marriage & Family Therapist is \$110 per 50 minute session. Additional charges may be incurred for telephone calls exceeding 10 minutes and for indirect services (court/school letters, court appearances, outside professional consulting, etc.). If you are facing financial hardship, please bring this to my attention so that we can discuss possible options. At least 24 hour advance notice is required for any cancellation. The full fee will be charged for a missed appointment.

IN CASE OF EMERGENCY

If you have an urgent situation that you feel needs immediate support and I am not available in my office or by phone, please contact one of the following: your primary care physician, go to the nearest hospital emergency room or call 911.

INSURANCE PROCEDURE

If you have comprehensive health insurance that covers outpatient Behavioral Health and you wish to use this policy, please note the following: As your Counselor, I am not responsible for confidentiality procedures employed by other parties, e.g. insurance companies, managed care companies, etc.

If you choose to use insurance, it will be your responsibility to pay the co-pay at the time of your appointment and our office will file with your insurance company for the remainder of the payment. If you have not met your deductible or your insurance does not cover Behavioral Health, it will be your responsibility to pay the remaining balance that is determined by your insurance company. If insurance is used, a release of Information may have to be signed authorizing me (by name) to release necessary diagnostic, clinical and treatment information to your insurance company. You should know, however, that for insurance purposes a diagnosis will be given and becomes part of your permanent record.

SOCIAL MEDIA/E-MAIL/SEARCH ENGINES

Social media is neither private nor confidential, so our therapists do not accept (or seek out) “friend” requests or “follow” any current or former clients on any social media platforms. We will also not engage you in any public forums over the Internet. To do so would blur the professional nature of our relationship and could compromise the privacy that we seek to guard. We will also not seek testimonials from current or former clients, including reviews on various web-based search engines. But we urge you to guard your own privacy as seriously as we take our commitment of confidentiality to you.

If you use location services on your cell phone or other mobile device, you should be aware that others may determine your location and the possible reason for being at our location.

E-mail, texting (SMS) or other electronic messaging should be limited to confirmation or cancellation of appointments, but note that these are not encrypted or secure and may not be received in a timely manner. The best method is to contact the office at the phone number listed above. Please do not send or forward unsolicited information, articles, websites, etc. to your therapist as this is also not secure and could become part of your medical and/or legal records. Our therapists, as a general practice, do not independently perform searches of you over the Internet.

REGISTERING A COMPLAINT

On occasion clients have concerns and complaints. Clients are urged to bring complaints to the therapist’s attention immediately. Clients may also register a complaint with: North Carolina Marriage and Family Therapy Licensure Board at Post Office Box 37669, Raleigh, NC 27627 Phone: (919) 469-8081 Fax: (919) 336-5156. Email: ncmftlb@nc.rr.com Web: www.ncmft.org.

ACKNOWLEDGMENT

I have read the above. I am informed about the policy regarding confidentiality of information I may provide during counseling and the limits of that confidentiality. With full understanding of these provisions, I give my informed consent to receive counseling services.

Client Signature: _____ Date: _____

2nd Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____